Fire Island Pines Volunteer Fire Department
Phone: 631-597-6860 www.fipfd.org Fax: 631-597-4710
34 Fire Island Blvd • P.O. Box 193, Sayville, NY 11782

APPLICATION FOR VOLUNTEER FIREFIGHTER

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status.

Date of Application:	SocSec #:	
Name (last)	(first)	(middle)
Fire Island Address:		FIP Phone:
Mailing Address:		2nd Phone:
Place of Birth: City: State:	Date of Birth:	
Driver's License Information: (Please submit photocopy of Driver's License) State license issued: License Number:		
Email address:	Cell Phone No and Carrier:	

Have you previously filed an application with this organization? ( ) Yes ( ) NO

Have you any previous firefighting experience? If yes, describe: _____

_____

Are you a citizen of the United States? ( ) Yes ( ) NO

If not, do you possess an Alien Registration Card? ( ) Yes ( ) NO
(If yes, photocopy Card and submit with this application)

Do you have any friends or relatives who are presently members of this organization? ( ) Yes ( ) NO

If yes, list their names:_____

_____

Have you ever been convicted of a misdemeanor or felony? ( ) Yes ( ) NO

Have you ever been convicted of an arson-related crime? ( ) Yes ( ) NO

Are you a veteran of the United States Military Service? ( ) Yes ( ) NO

Do you have any physical, mental or medical impairment or disability that would limit your job performance? ( ) Yes ( ) NO

If necessary, please explain: _____

Are you presently a member of any other civic organization? ( ) Yes ( ) No

If Yes, please list: _____.

Please give name, address and telephone number for three (3) references, not related to you:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Education: Years Completed _____ Diploma/Degree: _____

Specialized training, skills _____ _____

Employment: List all places of employment covering the past three years (most current first)

Name _____ Address: _____

Name _____ Address: _____

Availability for Membership: ( ) weekdays ( ) evenings ( ) weekends ( ) weekends only

Are you able to attend Saturday morning meetings and drills? ( ) Yes ( ) No

If No, please explain _____ _____

_____

Why did you decide to apply for membership with the Fire Department?_____

_____

_____

Applicant's signature:_____ Date:_____

Return completed application and copy of your driver's license to the Chief. SSN and DOB to be kept confidential.

Office use only - To be filled in by Department Secretary:

Date Application submitted to Officers and general Membership: _____

Recommendation of Officers and General Membership: (__) Approved for Membership or _( ) Denied Membership

Date Presented to Board of Fire Commissioners: _____ Date of Physical: _____ Arson check _____

Start Date: _____Member ID #: _____

*If membership denied, state reasons:

_____

Revised: 6/5/2014